

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

1-1-10 to 6-30-10

Is This Report an Amendment: ☐ Yes ☒ No

MILWAUKEE COUNTY
ELECTION COMMISSION

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

2010 JUL 20 AM 11:48

Name of Committee

FRIENDS of Leo Holloway for County Supervisor

Street Address

2836 N. GRANT Blvd

City, State and Zip Code

MILWAUKEE, WI 53210

RECEIVED

OFFICE USE ONLY

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$ -	\$ -
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$ -	\$ -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$ -	\$ -

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$ -	\$ -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 9289.96	\$ 9289.96
Total Receipts	\$ 0	\$ -
Subtotal	\$ 9289.96	\$ 9289.96
Total Disbursements	\$ 75.00	\$ 75.00
CASH BALANCE END OF REPORT	\$ 9214.96	\$ 9214.96
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$ -
LOANS (Balance at the Close of This Period-3B)	\$ 6350.00	\$ 6350.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Lynnda Holloway

Signature of Candidate or Treasurer

Lynnda Holloway

Date: *7-18-2010*

Daytime Phone: *414-873-0132*

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500

EB-2 Rev 06/07

Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 2 of 4

Complete Committee Name

Friends of Lee Holloway for County Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
03/21/10	Great Lakes Beverage Assn.	Scholarship	\$75.00	
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 75.00	75.00
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 75.00	75.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Page 3 of 4

Complete Committee Name

Friends of Lee Holloway for County Supervisor

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Date <i>7/8/10</i>	Full Name, Mailing Address and Zip Code of Loan Source <i>Lee Holloway 2836 N. Grant Blvd. Milw. WI 53210</i>	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
		<i>\$6350.00</i>			<i>\$6350.00</i>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date <i>1 / 1</i>	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date <i>1 / 1</i>	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$6350.00 ✓